Image# 29934882884 107/45#2009 09:02

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1.	•	I, Organization or Corporation	1
		Y LEGISLATIVE FUND	
	(b) Address (number 519 C Street NE	and street) Check if different than previously reported	
	(c) City, State and ZI	² Code	
	WASHINGTON	DC 20002	3. FEC Identification Number
2.	Corporate filers on	y	C C90009358
		Is the filer a qualified nonprofit corporation?	
	Individual filers on	y Name of Employer	Occupation
		N	
	4. TYPE OF	REPORT (check appropriate boxes):	
	(a) 🗌 Ap	ril 15 Quarterly Report	Notice
	☐ Ju	y 15 Quarterly Report	
	X 00	ober Quarterly Report	
		uary 31 Year-End Report	
		day of real End report	
	(b) Is this	Report an amendment? Yes No X	
	5. COVERIN	G PERIOD: FROM 07 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
		THROUGH	
		$\begin{bmatrix} M & M $	
	6. TOTAL C	ONTRIBUTIONS	0.00
	7 TOTAL IN	DEDENDENT EXPENDITURES	1819.30
	7. TOTAL IN	DEPENDENT EXPENDITURES	1010.00
Ur	der penalty of perjury, I certi	y that the independent expenditures reported herein were not made with the cooperation or prior consent of, or	in constitution with, or at the
re	quest or suggestion of, a car	didate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulatio	the independent expenditures
Т	YPE OR PRINT NAM	OF PERSON COMPLETING FORM SIGNATURE	DATE
J	anet Piateski		10/14/2009
_		ission of false, erroneous or incomplete information may subject the person signing this report	
		,	,

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY	LEGISLATIVE FUND
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Full Name (Last, First, Middle Initial) of Payee	Date
Harathi Krishnan	M M / D D / Y Y Y
Mailing Address	
777 7th St, NW	Amount
City State Zip Code	51.47
Washington DC 20001	
Purpose of Expenditure Category/	Office Sought: X House State: CA
Staff Time Category/ Type	State: OA
	House Senate District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: Mark DeSaulnier	
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 51.47	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Sara Amundson	
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 1627 A Street, NE	Amount
	29.90
City State Zip Code Washington DC 20002	
Purpose of Expenditure Category/ Staff Time Type	Office Sought: X House State: CA
Staff Time Type	House Senate District: 10
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Mark DeSaulnier	Check One: X Support Dppose
October Versi To Data Bas Florifica	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	2009 Other (specify)
· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial) of Payee Mike Markarian	Date
Wine Warran	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
1206 Maryland Avenue, NE	
City State Zip Code	35.48
Washington DC 20002	
Purpose of Expenditure Category/	Office Sought: X House State: CA
Staff Time Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 10
Mark DeSaulnier	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	2009
for Office Sought	Other (specify)
	440.05
(a) SUBTOTAL of Itemized Independent Expenditures	116.85
(b) SUBTOTALof Unitemized Independent Expenditures	
(a) TOTAL Independent Evpanditures	
(c) TOTAL Independent Expenditures	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee	Date
Wayne Pacelle	M M / D D / Y Y Y
Mailing Address	0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
4835 Cordell Avenue Apt 1212	Amount
City State Zip Code	14.41
Bethesda MD 20814	
Purpose of Expenditure Category/	Office Sought: X House State: CA
Staff Time Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 10
Mark DeSaulnier	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	2009 — —
-	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Jennifer Fearing	0 8 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
2117 Seminary Road	
City State Zip Code	5.43
Silver Spring MD 20910	
Purpose of Expenditure Category/	Office Sought: X House State: CA
Staff Time Type	House Senate District: 10
Name of Federal Candidate Supported or Opposed by Expenditure:	President States:
Mark DeSaulnier	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	
Sara Amundson	Date
Mailing Address	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
1627 A Street, NE	Amount
City State Zip Code	59.81
City State Zip Code Washington DC 20002	
Purpose of Evpanditure	Office Sought: Y House CA
Staff Time Category/ Type	Office Sought: X House State: CA House Senate Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 10
Mark DeSaulnier	Check One: X Support Oppose
Calendar Year-To-Date Per Election	2009
for Office Sought	Other (specify)
-	
	70.05
(a) SUBTOTAL of Itemized Independent Expenditures	79.65
(a) SUBTOTAL of Itemized Independent Expenditures	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee			Date
Mike Markarian			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
1206 Maryland Avenue, NE			Amount
City	State	Zip Code	35.48
Washington	DC	20002	
Purpose of Expenditure		Category/	Office Sought: X House State: CA
Staff Time		Type	House Senate
Name of Federal Candidate Supported or Opp	oosed by Expenditure:	!	President District: 10
Mark DeSaulnier			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		231.98	2009 — —
for Office Sought			Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Jennifer Fearing			08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
2117 Seminary Road			
City	State	Zip Code	5.43
Silver Spring	MD	20910	
Purpose of Expenditure		Category/	Office Sought: X House State: CA
Staff Time		Туре	House Senate District: 10
Name of Federal Candidate Supported or Opp	cosed by Expenditure:		President —
Mark DeSaulnier			Check One: X Support Oppose
Colonday Vocy To Data Day Florition			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	L	237.41	2009 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			
Pepper Ballard			Date
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 11 Stonewall Court			Amount
			120.51
City Harpers Ferry	State WV	Zip Code 25425	
Purpose of Expenditure			Office Sought: Y House CA
Staff Time		Category/ Type	State: On
	and by Free Pr	• •	House Senate District: 10
Name of Federal Candidate Supported or Opp	posed by Expenditure:	• •	President District: 10
	oosed by Expenditure:	• •	President District: 10 Check One: X Support Oppose
Name of Federal Candidate Supported or Opp	oosed by Expenditure:		President District: 10
Name of Federal Candidate Supported or Opp Mark DeSaulnier	posed by Expenditure:	• •	President Check One: X Support Oppose Disbursement For: Primary X General
Name of Federal Candidate Supported or Opp Mark DeSaulnier Calendar Year-To-Date Per Election	posed by Expenditure:		Check One: X Support Oppose Disbursement For: Primary X General Other (specify)
Name of Federal Candidate Supported or Opp Mark DeSaulnier Calendar Year-To-Date Per Election		357.92	President Check One: X Support Oppose Disbursement For: Primary X General Other (specify)
Name of Federal Candidate Supported or Opp Mark DeSaulnier Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expe	enditures	357.92	Check One: X Support Oppose Disbursement For: Primary X General Other (specify) 161.42
Name of Federal Candidate Supported or Opp Mark DeSaulnier Calendar Year-To-Date Per Election for Office Sought	enditures	357.92	Check One: X Support Oppose Disbursement For: Primary X General Other (specify) 161.42
Name of Federal Candidate Supported or Opp Mark DeSauInier Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Experiments (b) SUBTOTAL Unitemized Independent Experiments (c) Subtotal (c	endituresxpenditures	357.92	Check One: X Support Oppose Disbursement For: 2009 Other (specify) 161.42
Name of Federal Candidate Supported or Opp Mark DeSaulnier Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expe	endituresxpenditures	357.92	Check One: X Support Oppose Disbursement For: 2009 Other (specify) 161.42

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LE	GISI ATIVE	FUND
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Full Name (Last, First, Middle Initial) of Payee			Date
Elizabeth Crinion			M M / D D / Y Y Y
Mailing Address			0.8 / D.D. / Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.
1513 Mass Avenue, SE			Amount
City	State	Zip Code	2.42
Washington	DC	20003	
		1	Office County
Purpose of Expenditure Staff Time		Category/	Office Sought: X House State: CA
Stan Time		Type	House Senate District: 10
Name of Federal Candidate Supported or Oppose	ed by Expenditure:		President
Mark DeSaulnier			Check One: X Support Oppose
0.1.1.1.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		360.34	2009 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Sara Amundson			M M / D D / Y Y Y Y
Mailing Address			08 25 2009
1627 A Street, NE			Amount
City	State	Zip Code	29.90
Washington	DC	20002	
Purpose of Expenditure			Office Sought: Y House Out CA
Staff Time		Category/ Type	State: OA
			House Senate District: 10
Name of Federal Candidate Supported or Oppose Mark DeSaulnier	ed by Expenditure:		President President
Walk DeGauillei			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		390.24	2009 Other (specify)
Full Name (Last First Middle Initial) of Davis			
Full Name (Last, First, Middle Initial) of Payee Richard Patch			Date
Tilonard Fatori			0 8 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
5500 Sherier Place, NW			
City	State	Zip Code	24.36
Washington	DC	20016	
Purpose of Expenditure		Category/	Office Sought: X House State: CA
Staff Time		Type	House Senate
Name of Federal Candidate Supported or Oppose	ed by Expenditure		President District: 10
Mark DeSaulnier			Check One: X Support Oppose
			Z SAPPER
Calendar Year-To-Date Per Election		444.00	Disbursement For: Primary X General 2009
for Office Sought		414.60	Other (specify)
(a) SUBTOTAL of Itemized Independent Expendit	tures		56.68
,			
(b) SUBTOTALof Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			
(carry total from last page forward to L			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee	Date	
Elizabeth Crinion	M M / D D / Y Y Y Y	
Mailing Address	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
1513 Mass Avenue, SE	Amount	
,	19.36	
	p Code	
Washington DC 2	0003	
Purpose of Expenditure Category	ory/ Office Sought: X House State: CA	
0. ((=)	/pe House Senate	
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 10	
Mark DeSaulnier	Check One: X Support Oppose	
Calendar Year-To-Date Per Election	Disbursement For: Primary X General	
for Office Sought	433.96 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Sara Amundson	M M / D D / Y Y Y Y Y Y Y 25 2009	
Mailing Address	08 25 2009	
1627 A Street, NE	Amount	
City State Zi	p Code 17.94	
,	0002	
, and the second		
Purpose of Expenditure Category	- -	
Staff Time	House Senate District: 10	
Name of Federal Candidate Supported or Opposed by Expenditure:	President President	
Mark DeSaulnier	Check One: X Support Oppose	
Calendar Year-To-Date Per Election	2009	
for Office Sought	451.90 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Harathi Krishnan	Date	
	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Mailing Address 777 7th St, NW	Amount	
777 7til St, NVV		
City State Zi	p Code 7.72	
Washington DC 2	0001	
Purpose of Expenditure Category	ory/ Office Sought: X House State: CA	
0. ((=)	700	
	House Senate District: 10	
Name of Federal Candidate Supported or Opposed by Expenditure: Mark DeSaulnier		
	Check One: X Support Oppose	
Calendar Year-To-Date Per Election	Disbursement For: Primary X General	
for Office Sought	459.62 Other (specify)	
	45.02	
(a) SUBTOTAL of Itemized Independent Expenditures	45.02	
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

_	`	- /	
HUMANE S	SOCIE	TY	LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee		Date	
Elizabeth Crinion		M M / D D / Y Y Y	
Mailing Address		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
1513 Mass Avenue, SE		Amount	
City S	tate Zip Code	9.68	
_ ·	OC 20003		
Purpose of Expenditure		Office Sought: V House Out CA	
Staff Time	Category/ Type	State: Ott	
		House Senate District: 10	
Name of Federal Candidate Supported or Opposed by Exp Mark DeSaulnier	penditure:		
Wark Boodamio		Check One: X Support Oppose	
Calendar Year-To-Date Per Election		Disbursement For: Primary X General	
for Office Sought	469.30	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee			
Lagana Printing		Date	
		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Mailing Address 5113 C Street NE		Amount	
		1350.00	
-1.9	tate Zip Code	1000.00	
<u> </u>	OC 20002		
Purpose of Expenditure	Category/	Office Sought: X House State: CA	
Printing	Туре	House Senate District: 10	
Name of Federal Candidate Supported or Opposed by Exp	penditure:	President Position President	
Mark DeSaulnier		Check One: X Support Oppose	
Ochodo Vere To Buto Boo Floring		Disbursement For: Primary X General	
Calendar Year-To-Date Per Election for Office Sought	1819.30	2009 Other (specify)	
io. Cines stag.ik		Carier (opeony)	
(a) SUBTOTAL of Itemized Independent Expenditures		1359.68	
(b) SUBTOTALof Unitemized Independent Expenditures			
()		1819.30	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		.5.5.6.6	
(Sarry total from last page forward to Liffe 1)			